ASIC FEE SANCE FEE S		:					Application	on or C	Doctort Nu	mber	
COLUMN 1) (Column 2) TYPE GR SMALL ENTITY RATE FEE 380.00 OR X518- FEE						RD	09	4	170	47	
ASSC FEE ASSC F					tumo 2)				• • • • • •		
PASIC FEE TOTAL CLAIMS TITUS 20= * 330.00 OR 760.00 TOTAL CLAIMS TITUS 20= * 350.00 OR X76= 2344 MILITIPLE DEPENDENT CLAIM PRESENT If the difference in column 1 is less than zero, enter 'U' in column 2 CLAIMS AS AMENDED - PART II COlumn 1	FOR	NUM	BER FILED	NUMBER	EXTRA			7		_	_
TOTAL CLAIMS MINUS 3 = 3 MOEPENDENT CLAIMS MINUS 3 = 3 MINUS 3 = 3	BASIC FEE										\dashv
ACTIVE DEPENDENT CLAIM PRESENT If the difference in column 1 is less than zero, enter 'U' in column 2 CLAIMS AS AMENDED - PART 8 CLAIMS AS AMENDED - PART 8 COlumn 1	TOTAL CLAIMS	2	5 min.	n 20= · 5		X\$ 9	-	- ~	1000	90	7
## HONE CONTROL 1 is less than zero, enter 'U' in column 2 / TOTAL ///- CLAIMS AS AMENDED - PART II / COlumn 2 / COlumn 2 / COlumn 2 / COlumn 3 / COLUMN ANTER PREVIOUSLY PRESENTATION OF MALTIPLE DEPENDENT CLAIM / HONE I / COlumn 3 / COlumn 3 / COlumn 3 / COlumn 3 / COlumn 4 / COlumn 4 / COlumn 4 / COlumn 5 / Column 6 / Column 7	NDEPENDENT (EMIAS	nin:	us3= • 3		X39-		٦	¥78=	121	刀
TOTAL (COLUMN 1) (COLUMN 2) (COLUMN 3) (COLU	AULTIPLE DEPE	NDENT CLAIM	PRESENT					-10"		727	4
CLAIMS AS AMENDED - PART II (COLUMN COLUMN	M. da a Cillana					+130	•	OR	+260=		
COLUMN 2 COLUMN 2 COLUMN 2 COLUMN 3 SMALL ENTITY OR SMALL ENTITY OF SMALL ENTI	Λ				11.	//TOFA	L		TOTAL	1685	Δ
CONUMN APTER PREVIOUSLY PRESENT TOTAL FEE OR ADDIT FEE OR	AL C	Claims as	AMEND	ED - PART II	11/29	עיטןיי					7
REMAINING PREVIOUSLY PRESENT FREE TIGHAL RATE TIGHAL FEE X318° Total PREVIOUSLY PREVIOUSLY PRESENT TIGHAL FEE X318° TOTAL FEE					(Cotoma (s)	SMA		OR	SMALL		
FIRST PRESENTATION OF MARTIPLE DEPENDENT CLAIM +130= OR +260= OR ADDIT. FEE OR ADDIT.		REMAINING AFTER		NUMBER PREVIOUSLY		RATE	TIONA		RATE	TION	V.
FIRST PRESENTATION OF MARTIPLE DEPENDENT CLAIM +130= OR +260= OR ADDIT. FEE OR ADDIT.	Total .	.21		-25	 	X3 9:] OR	X\$18=		
Column 1 Column 2 Column 3	EDST DOCC	SMEATING HOSE			1 /	X39-		ОЯ	X78=	17	
COMMINIS OF MEDICAL PRESENTATION OF MEDICAL PREVIOUSLY	A (/ C	Of Control of I	OCTIPLE O	ROLL	<i>2)</i>	+130:		OR	+260=	17	7
COLUMN 1) (Column 2) (Column 3) REMAINING AFTER PREVIOUSLY PROPOR DETENT DATE AMENDMENT PROPORED DETENT DATE AMENDMENT PROPOR DETENT DATE AMENDMENT PROPOR DETENT DATE AMENDMENT PROPOR DETENT DATE AMENDMENT PROPOR DETENT CLAIM Independent	8-4-0	7		1/6				OR		.	ヿ
PRESENT ADDITIONAL FEE Total Minus Minus		(Column 1)	<u>L</u>	(Column 2)	(Column 3)	ALASI. P	*		ALLAY, PEC		7
FIRST PRESENTATION OF MEATIPLE DEPENDENT CLAIM 130=		V			9050507		ADDI-	1		ADDI	7
FIRST PRESENTATION OF MEATIPLE DEPENDENT CLAIM 130=						RATE			RATE	TIONA	T.
FIRST PRESENTATION OF MEATIPLE DEPENDENT CLAIM 130=	Total	. 21		()/	. /	1) maa'	FEE	1
FIRST PRESENTATION OF MEATIPLE DEPENDENT CLAIM 130=	Independent	. 2		-03.	 	X3 8-		OR	X\$18=		4
(Column 1) (Column 2) (Column 3) CLANS REMARRIS NUMBER PRESENT EXTRA AMERIMENT Minus oo :	FIRST PRESE	ENTATION OF A	BETTPLED	EPENDENT CLAIM	* /	X39≥		OR	X78=		
(Column 1) (Column 2) (Column 3) CLAIMS REMADING NUMBER PREVIOUSLY PREVIOUSLY PREVIOUSLY PREVIOUSLY PREVIOUSLY PREVIOUSLY PREVIOUSLY PRESENT EXTRA Total . Minus			·			+130=		OR	+260=		7
(Column 1) (Column 2) (Column 3) REMAINING REMAINING NUMBER PREVIOUSLY PREVIOUSLY PREVIOUSLY PREVIOUSLY PAID FOR TIONAL FEE Independent Minus **						100		EE		-	4
REMARKING AFTER PREVIOUSLY PAID FOR # ADDITIONAL FEE TIONAL FEE TOWN # ADDITIONAL FEE TWO # ADDITIONAL FEE T		(Cohmon 4)		75.1		ADDIT, FE		Jun.	ADDIT. FEE		4
AFTER AMENDMENT PREVIOUSLY PLOTAL FEE TIONAL FEE TIONAL FEE TONAL		CLAMS			(Corumn 3)	•					┛
# the entry in column 1 is less than the entry in column 2, write '0' in column 3. If the Tightest Murrhar Previously Paid For IN THIS SPACE is less than 20 entry '20.		AFTER		PREVIOUSLY		RATE	TIONAL		RATE	TIONA	
# the entry in column 1 is less than the entry in column 2, write '0' in column 3. If the "Rightest Murrhar Praylously Paid For, IN THIS SPACE is less than 20 entry."	Total	•	_	 	-	X\$9-		OR	X\$18=		1
# the entry in column 1 is less than the entry to column 2, write 'V' in column 3. If the Tightest Murrour Park cody Park SPACE in less than 20 entry '10.	ELDOX CO.CO.	•				X39-			X79-		1
If the entry in others 1 is less than the entry in column 2, write '0' in column 3. If the "Rightest Municipal Paylousty Paid For" SN THIS SPACE is less than 20.	THESE PRESE	INTATION OF N	PULTIPLE D	EPENDENT CLAIM	-	-	 	[]		 -	4
18 to 7 to	If the arrive in one.		, ha h					OR	+260=		
	I the Titchest Ma	mber Praviousiv F	haid For' DI Th	66 SPACE in laws the	a 20			ОЯ	TOTAL DOST, PER		7
	3 200			,	—						I
The "Righest Number Previously Paid For" (Total or Independent) is the highest number tound in the appropriate box in column 1.	M PTO-028 11/00)					People and Trad	ement Office, C	I.S. DEP	STIMENT OF	COMMEX	4

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